

YOUR FIRST NAME

VOLID LACT NAME

Colorado Division of Labor Standards and Statistics 633 17th Street, Suite 600 Denver, Colorado 80202-2107 Telephone (303) 318-8441 Fax (303) 318-8440 Toll Free (888) 390-7936 https://cdle.colorado.gov/publiccontracts-for-services

This form is to be used to report *contractors or subcontractors* who may be in violation of 8-17.5-101 & 102, C.R.S. You must sign and date this form at the bottom.

YOUR HOME PHONE

VOLID CLIDDENT WORK DUONE

Contact Information for Complainant (Your information is required. The Division does not accept anonymous claims.)

TOUR LAST NAME			TOUR CURRENT WORK PHONE
YOUR MAILING ADDR	RESS		YOUR CURRENT CELL PHONE
CITY	STATE	ZIP CODE	
YOUR E-MAIL ADDRE	ESS		
WHAT IS YOUR RELA	ATIONSHIP TO THE CONTRACTOR/SUBC	ONTRACTOR?	
Contact Inf	formation for Contrac	tor or Subcontractor Alle	egedly Violating 8-17.5-101 & 102, C.R.S.
CONTRACTOR / SUB	CONTRACTOR BUSINESS NAME		CONTRACTOR / SUBCONTRACTOR PHONE
OWNER OR SUPERV	ISOR'S NAME		CONTRACTOR / SUBCONTRACTOR FAX
CONTRACTOR / SUB	CONTRACTOR BUSINESS MAILING ADD	RESS	CONTRACTOR / SUBCONTRACTOR BUSINESS E-MAIL ADDRESS
CITY	STATE	ZIP CODE	
NAME OF STATE AGE	ENCY OR POLITICAL SUBDIVISION INVO	LVED	STATE AGENCY PHONE NUMBER OR WEB SITE
	uments or information and addi	nonai pages as necessary.	

Name Signature	Date
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I declare under penalty of perjury (C.R.S. 18-8-501 et seq.) that the information I have provided is true and correct.	

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Name	Signature	Date			